



A STUDY TO ASSESS THE KNOWLEDGE AND QUALITY OF LIFE OF PATIENTS WITH BPH

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) refers to increased size of prostate gland. In India, the incidence of BPH 92.97%. BPH tends to change from benign to malignant. If the client is having BPH, he is at high risk for Prostate Cancer. A descriptive survey approach was used with the purpose of assessing the knowledge and quality of life among patients with BPH. The objectives of the study were to assess knowledge, quality of life and to find relationship between knowledge and quality of life. Total 71 subjects were studied and the results showed that most 44 (62%) of the subjects has average knowledge on BPH. About 44 (62%) of subjects had good quality of life and 27(38%) had poor quality of life. Mean and standard deviation scores in the psychological, physical, social and spiritual domain was 54.83 ± 4.48 , 24.12 ± 2.59 , 50.52 ± 4.22 and 26.76 ± 2.16 respectively. There is no significant relationship between knowledge and quality of life with BPH.

Conclusion: Most of the patient's suffering from BPH has average knowledge. So it is important to improve the knowledge on BPH.

KEY WORDS: BPH, Knowledge, Quality of life.

Introduction

Benign Prostatic Hyperplasia (BPH) refers to increased size of prostate gland. When prostate enlarges, it compresses the urethra and leads to partial or complete obstruction of the urethra. Symptoms are urinary frequency, incontinence, weak urinary stream, hesitancy, intermittency, urgency, dribbling, and irritation during urination, and problems in ejaculation (Cunningham, 2013).

In India, the incidence of BPH is 92.97%. BPH tends to change from benign to malignant. So if the client is having BPH, he is at high risk for Prostate Cancer. In order to prevent the Prostate cancer, educating the client is necessary. Knowledge on BPH can prevent the disease by modifying the risk factors and medical consultation. So the need of this study has important significance in day today life (Robert, 2014).

Methodology

A descriptive survey approach was used with the purpose of assessing the knowledge and quality of life among patients with BPH with a view to provide a leaflet on BPH which may help to improve the knowledge and quality of life of patients with BPH. The objectives of the study were to assess knowledge, quality of life and to find relationship between knowledge and quality of life. The setting of the study was urology OPD of a tertiary care hospital, Karnataka. A total of 71 subjects diagnosed with BPH and having International Prostate Symptom Score (IPSS) moderate to severe were included in the study using purposive sampling technique. The tools used for study were demographic proforma, structured knowledge questionnaire on BPH and structured quality of life rating scale. Ethical clearance from Institutional Ethics Committee (IEC 723/2014) and written informed consent from the participants of the study was obtained.

Results

The data presented in table 1 shows, 71 (100%) subjects were married. About 27 (38.02%) had primary education and 60 (94.78%) were non-vegetarian, 45 (63.38%) of them were farmers. Majority 66 (92.95%) of the subjects belonged to Hindu religion, 38 (44.45%) of them had the habit of smoking and 40 (63.38%) of subjects had a monthly income between Rs.5001-10,000. Around 41 (57.77%) had no family history of BPH. The data in the figure 1 shows that 44 (62%), 20 (28.2%) and 7 (9.8%) had average, good and poor knowledge regarding BPH respectively. Figure 2 shows, 44 (62%) of the subjects had good quality of life

and 27(38%) had poor quality of life. Data in the table 2 reveal that the mean and standard deviation scores in the psychological, physical, social and spiritual domain was 54.83 ± 4.48 , 24.12 ± 2.59 , 50.52 ± 4.22 and 26.76 ± 2.16 respectively. There is no significant relationship between the knowledge and quality of life regarding BPH ($p, 0.755$).

Discussion

Results of the present study showed that 44(62%), 20 (28.2%), 7(9.8%) had average, good and poor knowledge respectively regarding BPH. Similar findings were shown in a study conducted in US, regarding the public, patient and professionals attitudes towards the diagnosis and treatment of enlarged prostate. About 29% of the patient respondents could not consult their clinicians due to the fact that, they did not know that the symptoms were due to enlarged prostate. This necessitates the importance of providing patient education to the patients suffering from enlarged prostate (Ridwan Shabsigh 2001).

Description of sample characteristics

Table 1.
Demographic characteristics of subjects in frequency and percentage.

n=71

Variables	Frequency (f)	Percentage (%)
Age in years		
55-65	35	49.29
66-75	21	29.57
76-85	15	21.14
Marital Status		
Married	71	100
Education		
Illiterate	17	23.94
Primary school	27	38.02
High school	19	26.76
Pre degree & others	8	11.28

Variables	Frequency (f)	Percentage (%)
Occupational status		
Unemployed	6	8.45
Farmer	45	63.38
Unskilled worker	5	7.04
Skilled worker	6	8.45
Business & Others	9	12.68
Religion		
Hindu	66	92.95
Muslim	3	4.22
Christian	2	2.83
Monthly family income		
Less than 5000	5	7.04
5001-10000	40	63.38
10001-15000	18	18.32
More than 15000	8	11.26
Diet		
Vegetarian	11	5.22
Non-vegetarian	60	94.78
Habits		
Alcohol	17	15.40
Smoking	38	44.45
Smoking & alcohol	10	25.49
No habits	6	14.66
Family history of BPH		
Yes	30	42.25
No	41	57.77

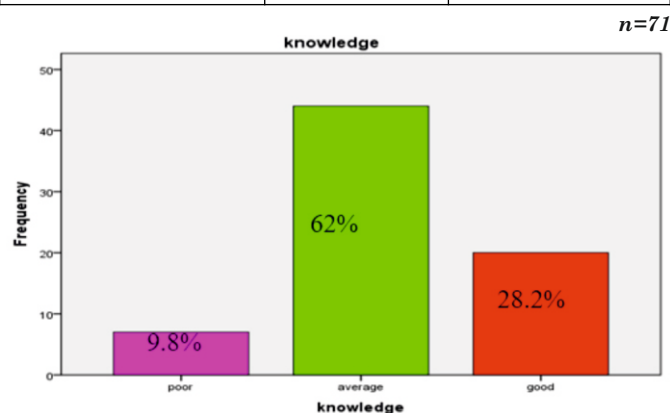


Figure 1. Bar diagram representing the frequency and percentage distribution of knowledge score on BPH

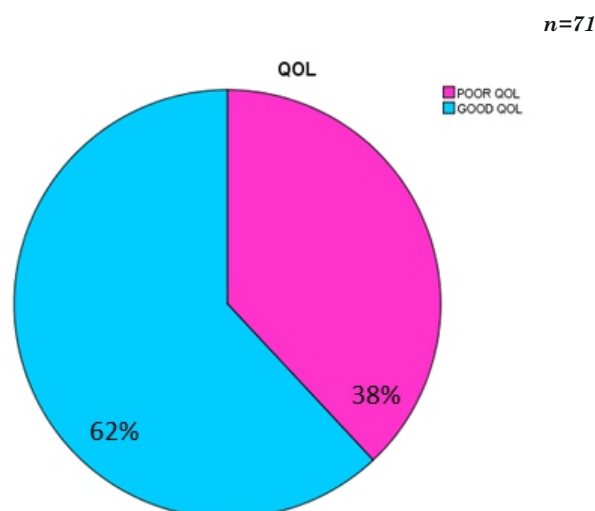


Figure 2. Pie chart representing percentage of quality of life

Table 2.
Minimum, Maximum, Mean and standard deviation of domain scores of quality of life among BPH subjects.

n=71

Domain	Minimum possible score	Maximum possible score	Minimum obtained	Maximum obtained	Mean	Standard deviation
Physical wellbeing	0	40	20	31	24.13	2.59
Psychological wellbeing	0	110	45	66	54.83	4.48
Social wellbeing	0	100	43	61	50.52	4.22
Spiritual wellbeing	0	50	23	34	26.76	2.16

Table 3.
Relationship between knowledge and quality of life among BPH subjects.

Variable	Good knowledge	Average knowledge	Poor knowledge	P value	df	Chi-square
Good quality of life	9	16	2	0.755	2	0.742
Poor quality of life	11	28	5			

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